

Nashville MRI Center

Referring Provider, if your system's order is missing any of the details listed below, please complete the necessary fields prior to submitting the online form. All patients received for MRI referrals will be contacted the same day unless the referral is received after 5:00 pm. Referrals received after hours will be contacted the next business day.

If you have any questions or need assistance please call 615-933-2009.

Preference for Results

Report Only

Report & CD

Routine

Stat

Special Instructions (if any):**Patient Name****Patient DOB:****Patient Phone Number:****Patients Insurance Company:****Insurance Policy ID #:****Group #:****ICD 10 Code(s):****Symptoms/Signs/Diagnosis****Weight:****Ordering Provider Name:****Ordering Provider NPI #:****Ordering Provider Practice Name & Address:****Ordering Provider's Phone:****Ordering Provider's Fax:****MRI****MRA/MRV****Without contrast****With and without
contrast**

☐ Brain
☐ Orbit/Head/Neck

☐ Carotid
MRA
☐ Pelvis
☐ Kidney
☐ Abdomen
MRA

☐ Thoracic
spine
☐ Sacrum/Coccyx

☐ Elbow
Options

☐ R ☐ L

☐ Hip
Options

☐ R ☐ L

☐ Lower
Leg
Options

☐ R ☐ L

☐ Other
(specify)

☐ Brain/IAC
☐ TMJ

☐ Brain
MRV
☐ MRCP
☐ Adrenal
☐ Kidney
MRA

☐ Lumbar
spine
☐ Shoulder

Options

☐ R ☐ L

☐ Wrist
Options

☐ R ☐ L

☐ Femur
Options

☐ R ☐ L

☐ Ankle
Options

☐ R ☐ L

☐ Pituitary
☐ Brain
MRA
☐ Abdomen

☐ Liver
☐ Prostate
☐ Cervical
Spine

☐ Brachial
Plexus
☐ Humerus

Options

☐ R ☐ L

☐ Hand
Options

☐ R ☐ L

☐ Knee
Options

☐ R ☐ L

☐ Foot
Options

☐ R ☐ L